

TWILA HOLLAND
PARALEGAL SPECIALIST
REGISTERED OFFICE
0103-4-83

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE			
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51				
2	1						52				
3		2					53				
4		1					54				
5		1					55				
6		1					56				
7		1					57				
8		2					58				
9		1					59				
10	1						60				
11	1						61				
12		2					62				
13							63				
14							64				
15							65				
16							66				
17							67				
18							68				
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38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	4						TOTAL IND.				
TOTAL DEP.	11						TOTAL DEP.				
TOTAL CLAIMS	15						TOTAL CLAIMS				